2017-003

LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

(Name)	iding at 130 Williamson Way - #111 Vivian, 12 7108 (Mailing Address, including City & Zip Code)
33. \$11 1-83 \$100 100	(Finding Constituting only to mp (COO)
eclare that :	變
% ***	Tr.
That this disclosure statement is made	pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning
on January 1st , 2007	(4)(0) 101 112 102 1034
(Year)	2 2
	2.
That I am a D Chief Executive 4	2. Board Member Commissioner (check one) of the like District or Public Trust Authority) September 6, 2001
(Name of Hospital Servi	ice District or Public Trust Authority)
and have served in this capacity since.	September 6, 2001
	(Month) (Day) (Year)
	201 20 10 32 22 22 32
That my income that Emiles and I	3.
t hat my immediate family member, de	efined by LSA-R.S. 42:1102(13) as his children, the spouses
of children, his brothers, his sisters, the	spouses of his brothers, the spouses of his sisters, his parents
his spouse, and the parents of his spou	ise, is employed by the described Hospital Service District ,
Public Trust Authority The feets of a	ac, is amproyed by the described Hospital Service District
	tigh amplement are as follows:
ruone trust Authority. The facts of s	uch employment are as follows:
Name of Immediate Family Me	ember: Johnnie F. (Green) Martin
Name of Immediate Family Me Relation of Immediate Family	ember: Johnnie F. (Green) Martin Member: Sister
Name of Immediate Family Me Relation of Immediate Family Position held by Immediate Pa	ember: Johnnie F. (Green) Martin Member: Sister mily Member: Insurance Clerk
Name of Immediate Family Me Relation of Immediate Family Position held by Immediate Pa Date employed (month, day, ye	ember: Johnnie F. (Green) Martin Member: Sister mily Member: Insurance Clerk ear): August 28, 1991
Name of Immediate Family Me Relation of Immediate Family Position held by Immediate Fa Date employed (month, day, ye Applicable Exception (check a	ember: Johnnie F. (Green) Martin Member: Sister mily Member: Insurance Clerk ear): August 28, 1991 il that apply):
Name of Immediate Family Me Relation of Immediate Family Position held by Immediate Family Date employed (month, day, ye Applicable Exception (check a Employed by He	ember: Johnnie F. (Green) Martin Member: Sister mily Member: Insurance Clerk ear): August 28, 1991 ill that apply): ospital Servico District / Public Trust Authority for more than
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<u>NOTE</u>: These disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.